CELT Meeting Summary January 17, 2014 234 Meiling Hall 10:00-11:00am

Attending: Terry Bahn, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Coranita Burt, Victoria Cannon, Quinn Capers, Dan Clinchot, John Davis, Carla Granger, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Joanne Lynn, Bryan Martin, Lori Martensen, Eileen Mehl, Georgia Paletta, Sheryl Pfeil, Doug Post, Sabrina Ragan, Judy Westman

Guests: Dr. Kathi Kemper, Director, OSU Center for Integrative Health and Wellness

Integrative Medicine - Dr. Kathi Kemper

- Online development of Herbs and Dietary Supplements Across the Lifespan program with 14 modules available at http://herbs-supplements.osu.edu/modules
 - o Free modules to medical students; one-time registration fee is waived
 - Free to faculty during January 2014 but must register
 - o 50% discount for current faculty and staff--\$12.50/module
 - o \$15 one-time registration fee
 - o \$25/module
 - o CME credit available

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- Must complete the evaluation before taking the post-test and receiving a certificate
- Emphasis is to engage the learner
- Post-test selection of answers provides additional information
- Summary table available at the end of most modules

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- Integrative Health and Wellness Clinical Services provides holistic healing approaches such as Mindfulness Practices and Mind-Body Therapies:
 http://go.osu.edu/integrativehealth (click Clinical Services under Healthcare Services). They are a national leader of online mind body practices.
 - 16 MP3 mindfulness resources available at no cost
 - Future goal create a mindfulness course with resources
 - 30+ online mind-body MPE recordings offered in 4 categories:
 - Guided imagery
 - Heart-centered meditation
 - Mindfulness meditation
 - Relaxation response

Final report on 2012-13 Admissions Cycle – Dr. Quinn Capers

 Seeking to recruit self-directed learners who display diversity in background and thought; strong intellect; and potential to improve lives through research innovation, education, and community service.

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- Applicants undergo a holistic review of assessing capabilities
- National average MCAT for all matriculants: 31; Average for OSU: 34 for entering 2012 and 2013 matriculants

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- New Student Total: 188; 104 male (55%); 84 female (45%)
 - 37 (20%) Underrepresented in Medicine (URM)
- Five top undergraduate institutions most represented in the 2013 Med 1 Class:
- The 2012-13 application cycle saw increases in the following compared to 2011-2012:
- In 2012 there were 106 (60%) students holding multiple acceptances before deciding on OSU compared to 126 (67%) in 2013.
- Implicit Association Test (IAT)
 - o May reveal discrimination in thought/behavior; i.e. one's Black-White attitude
 - Percentage of URM for Entering Class of 2013 reached an all-time high following the IAT exercise
- The Admissions Office "Continues to strive for bias-free, fair process through innovative approaches to admissions

Dr. Clinchot adjourned the meeting at 11:05am.

CELT Meeting Summary February 7, 2014 234 Meiling Hall 10:00-11:00am

Attending: Dawn Allain, Barbara Berry, Pam Bradigan, Coranita Burt, Victoria Cannon, Dan Clinchot, Christine Donovan, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Joanne Lynn, Bryan Martin, Lori Martensen, Leon McDougle, Sheryl Pfeil, Doug Post, Alicia Stokes

- The minutes of January 17, 2014 were approved without changes.
- 2014 Education Mission Performance Scorecard distributed
 - CELT members will be contacted by Jessica Backer for progress report towards target goals needed for mid-year report
- Submit CELT topics for presentation to Dan Clinchot
- Dr. Martin presented an overview of the recent ACGME changes regarding the Next Accreditation System (NAS) and the Clinical Learning Environment Review (CLER)
 - Milestones will be used to track progress of residents and fellows

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- Site visits resulted in a 1-5 year accreditation cycle
- Internal review required at mid-cycle
- Completion of Program Information Form (PIF) of approx 100 pages required prior to site visit
- Single site visitor spends one half day on paperwork; little walking around
- Program virtually ignored until next site visit
- Previous ACGME changes included:
 - o 6 core competencies, duty hours, revised duty hours due to patient safety
- Recent Policy Changes
 - As of July 1, 2015, all fellowship programs within a specialty must be accredited as dependent subspecialty programs
 - New independent subspecialty programs no longer being accredited by ACGME as of July 1, 2013
 - Subspecialty programs and core residencies will be reviewed together
 - Assures both will use resources effectively for educational programs
 - Makes site visits more effective
 - Ensures core residency needs are being considered when clinical/faculty/ institutional resources are being decided

- It is not known if institutions with subspecialty fellowship programs not affiliated with a core residency program at another institution may continue
- Three types of site visits
 - Continuous Accreditation through review of information acquired annually
 - Based on data supplied—lots of paperwork
 - Focused Site Visit may offer suggestions for improvement
 - Follow-up of item(s) identified during annual continuous review
 - Evaluates complaints
 - Investigates deterioration of performance
 - 30-day notification
 - Full Site Visit everything is on the table
 - For new sponsoring institution or a new program in a specialty or subspecialty
 - Conducted when broad issues/concerns are noted during review of continuous accreditation data
 - Initiated by Review Committee for serious conditions/situations
 - 60-day notification
 - No longer provided a proposed letter of probation to defend a citation
 - Probationary Accreditation Programs cannot request an increase in resident complement
 - Programs on Continued Accreditation with Warning may not request a permanent increase in resident complement
- NAS Goals
 - Move ACGME to an educational outcomes based accreditation
 - Decrease burden of current structure and process-based approach
 - Self-Study visits every 10 yrs instead of 5
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 - Self-Study to replace PIFs
 - Better prepare physicians for practice in the 21st Century
 - Be proactive to prevent government regulation of GME
- NAS Changes 3 Requirements
 - o Core-elements required of all GME programs
 - Outcome-measurable/observable attributes of residents/fellows
 - Detail-meet core requirements--may innovate
 - Misc
 - Only program director CV is required no others to be collected
 - Only physicians count as core faculty
 - Must spend 15+ hrs/wk working on residency program
 - Core faculty must complete Scholarly Activity template in ADS
 - Core faculty must complete Faculty Survey
- Milestone Project
 - o Replaced Outcome Project
 - Milestones skill and knowledge that develop by a specific time

- Not to be used to collect detailed information
- They do not replace OSCE's, evaluations, etc
- By July 2014 all Core specialties start using Milestones
- 2015 Milestones for all subspecialties are developed and being used
- Clinical Competency Committee
 - Determine a resident's Milestone Level
 - Looking at consistency
- CLER (Clinical Learning Environment Review) Site Visits
 - o New requirement for sponsoring institutions
 - o Occurs every 18 months
 - o 10-14 days notice
 - Not just GME—includes entire hospital
 - Leadership/program directors/residents/fellows/core faculty
 - Will address six focus areas
 - Patient safety
 - Supervision
 - Healthcare quality/disparities
 - Transitions of care
 - Duty hours/fatigue mgmt
 - Professionalism

COM 100-Year Celebration – Kathleen Kemp

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- Kathleen distributed an information sheet re the COM 100-Year Celebration Informed CELT of the various ways to access Centennial information
- Dr. Clinchot adjourned the meeting at 11:00am.

CELT Meeting Summary February 21, 2014 234 Meiling Hall 10:00-11:00am

Attending: Terry Bahn, Barbara Berry, Valerie Blackwell-Truitt, Ginny Bumgardner, Coranita Burt, Dan Clinchot, John Davis, Christine Donovan, Carla Granger, Kathleen Kemp, Sorabh Khandelwal, Lawrence Kirschner, Deborah Larsen, Bryan Martin, Lori Martensen, Leon McDougle, Georgia Paletta, Doug Post, Alicia Stokes

- Dr. Clinchot reminded everyone let him know of potential meeting topics
- The minutes of February 7, 2014 were approved without changes
- Brief discussion re this week's announcements
 - Dr. Lockwood will be here until May when students graduate
 - Ed Funai will serve as interim Dean
 - National search will proceed
 - No decision yet if one or two positions will be posted

<u>Diversity Initiatives & Best Practices – Dr. Leon McDougle</u>

- Diversity and inclusion (D&I) is all about being interdependent
- Objectives:
 - o Define D&I and its importance in patient care, education, and research
 - How to define one's role to advance diversity and inclusion
 - Learn D&I's best practices for academic heath centers
- Diversity serves as a catalyst for change leading to health equity
- Inclusion is a core element for achieving diversity
- Health equity--full health potential attained without regard to social circumstances
- Diversity 3.0
 - Future framework for addressing quality outcomes for everyone
 - Focus on differences outside of race and ethnicity
 - o Diversity needed to build innovative/high performing organizations
- CELT encouraged to read Dr. Scott E. Page's book, The Difference
 - o "Two heads are better than one only if they differ."
 - "Diversity and ability complement one another."
 - o Advocate diversity to help solve difficult, complex problems
- Diversity impacts our mission regarding patient care
 - 53.5% of the minority and 70.4% of non-English-speaking patients were cared for by nonwhite physicians
 - Black, Hispanic, and Asian physicians more likely to have Medicaid patients;
 uninsured patients more likely to be seen by Hispanic physicians
 - Elimination of health disparity goal may be reached by increasing number of racial and ethnic physicians.
- Four predictors of physicians who provide care to the underserved:
 - Being part of an underserved minority/ethnic group
 - Having participated in the National Health Service Corps
 - Strong interest in treating the underserved prior to medical school

- Growing up in an underserved area
 - 86% of physicians with all 4 predictors are providing substantial care to the underserved
 - Select factors are high predictors of generalist physicians caring for the underserved, which can be identified at time of admission to med school
- URM students more likely than white or nonwhite/non-URM students to plan to serve the underserved
- Social mission score
 - Percentage of grads who practice primary care, work in health professional shortage areas, and are underrepresented minorities.
 - Social mission score highest among public and community based schools
 - NIH funding inversely associated with social mission scores
 - Top three schools ranking highest on social mission score: Morehouse School of Medicine; Meharry Medical College; Howard University
 - Lowest three schools on social mission score: Northwestern University Feinberg School of Medicine; University of Texas Southwestern Medical Center; Vanderbilt University
 - Examples: Rosalind Franklin and Helen Keller
- Diversity LGBT
 - OSUWMC earns Leader distinction in LGBT healthcare across Core Four criteria
 - Patient non-discrimination
 - Equal Visitation
 - Employment Non-Discrimination
 - Experiences: The path a med school applicant has taken to get where they are
 - <u>A</u>ttributes: Applicant's personal characteristics and demographic factors
 Metrics: MCAT scores, GPA, grades
- Strive for excellence and the rest will follow

Learn to Twitter – Kathleen Kemp

- Klout Score
 - o Bring your iPad and/or iPhone to the next CELT mtg (March 7, 2014)
 - Learn to tweet & twitter!

June 6, 2014 234 Meiling Hall 10:00-11:00am

Attending: Dawn Allain, Terry Bahn, Barbara Berry, Pam Bradigan, Coranita Burt, Victoria Cannon, Carla Granger, Sorabh Khandelwal, Deb Larsen, Joann Lynn, John Mahan, Leon McDougle, Georgia Paletta, Doug Post

Guests: Georgianna Sergakis, Julie Scott

Dr. Lynn opened the meeting at 10:00am and previous meeting minutes were approved.

- 1. Dr. Georgianna Sergakis, Program Director of Respiratory Therapy from Health and Rehabilitation Sciences presented a proposed new program plan for Master of Respiratory Therapy. Highlights included:
 - Professional non-thesis program
 - MRT builds from Bachelor of Science degree
 - Rationale: with the evolution of respiratory care and healthcare environment, the RT increasingly independently manages specific patient care.
 - Under Ohio law, graduates of the program will be qualified as "limited practitioners"
 - As part of the curriculum development, 238 competencies were identified and then rated non-important to important from 3 practice areas: Clinical, ICU and Inpatient
 - The proposed curriculum encompasses 47 semester hrs -4 semesters with 1 May session
 - Final exam will depend on selected clinical track

Upon completion of the presentations, Dr. Lynn opened the floor for questions before approval:

Q: McDougle: Same level of education as NP vs independent aspect of MRT?

A: Sergakis: Parallel to NP who would specialize in disease management in primary care environment

A: Larsen: Professionals will work with physician to provide advanced respiratory care, but not independently as a licensed NP.

Q: Bahn: Are there existing programs?

A: Sergakis: no other programs - 3-4 entry level but others are considering APRT (advanced practice respiratory therapy)

Q: Mahan: Will graduates be able to practice in Ohio?

A: Sarah Varekojis (works with state legislators) indicated legislative steps are in process for APRT

Q: McDougle: Will graduates have authority to write prescriptions?

A: Varekojis - yes, within constraints of current mandates

Q: Post: Do you envision respiratory therapy going in same direction as pharmaceuticals?

A: Sergakis: Yes, keeping in mind several RTs have associate degrees.

With no more questions, Dr. Lynn asked for a vote which was approved and seconded. The remainder of the group voted to approve with no declining votes.

- 2. Julie Scott: Director of Communications in COM gave an update on the COM's Admissions website with the following notations made:
 - Analytics indicate it is working well
 - Redesigned and launched April 2014 moved to front of COM page to ease access
 - Comparison made with May 2013 to May 2014
 - o Users increased by 15%
 - o Page views increased by 38%
 - o Entrances increased 16%
 - o Bounce rate 37%
 - o Average time on page 57%
 - Website primarily found via search engines followed by direct and then referral sites
 - Currently performing audit of how people find us and ways to improve access seems to be more quicker, easier with current update
 - Student feedback positive per Georgia
 - Julie encourages feedback for needed updates

With nothing more for discussion, the meeting was adjourned@ 11:00am

Respectfully submitted, Renee Troyer Recording Secretary

June 20, 2014 234 Meiling Hall 10:00-11:00am

Attending: Terry Bahn, Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Dan Clinchot, John Davis, Carla Granger, Amy Lahmers, Deb Larsen, John Mahan, Lori Martensen, Jeff Parvin, Amanda Postle (for Victoria Cannon), Alicia Stokes

Guests: Matthew Vest, Adrian Boysel

Absent: Dawn Allain, Jessica Backer, Ginny Bumgardner, Coranita Burt, Quinn Capers, Christine Donovan, Jessica Gelin, Sorabh Khandelwal, Lawrence Kirschner, Cynthia Ledford, Joanne Lynn, Bryan Martin, Leon McDougle, Eileen Mehl, Norton Neff, Bill Orosz, Georgia Paletta, Sheryl Pfeil, Doug Post, Sabrina Ragan, Julie Scott, Judith Westman

Dr. Clinchot opened the meeting at 10:00am and previous meeting minutes were approved.

- 1. Representing Dr. Ryan Nash from the Center for Bioethics, Dr. Matthew Vest presented a proposal for students to pursue an undergraduate minor in bioethics.
 - Rationale: further undergraduate students' learning about the ethical issues surrounding advances in biology and medicine
 - Courses illustrate the social, political, moral and humanistic context surrounding medicine and healthcare
 - The Center was launched 18months ago.
 - Of the four new classes proposed, two have been approved and two are pending.
 - Tentative start date Spring 2015 with anticipated enrollment of 50-75 students
 - Required courses: 9 required credit hours and up to 6 elective credit hours
 - The question was asked if core courses be offered every semester with the answer two will be offered per semester based upon interest.
 - Pam Bradigan offered HSL resources.

Upon vote, the proposal was unanimously approved.

- 2. Alicia Stokes and Adrian Boysel presented an update on space allocation policy, kit-of-parts and incentive program funding.
 - Department is responsible and accountable for efficient management and reporting of space. Encouraged to study current space assignment to use for physician offices/combined workstations.
 - Kit-of-parts will be used for future workstations.

- Incentive program is a 3-yr program with \$1million/year available up to 50/50 if meets criteria
- OneSource Links:
 - Space Policy: OneSource → Places → Facilities & Space → Space Policies
 - <u>Learning Lab Video</u>: One Source → Depts/Sites → Facilities & Material Management → Office Space Initiative Video
 - o <u>eService Request</u>: OneSource → eServices → Facilities Services
 → Submit a <u>Renovation Request</u> or <u>Furniture Request</u>
- Examples of workstations were presented (see pgs 9-18 attached document)

With nothing more for discussion, meeting was adjourned at 11:00am

Respectfully submitted, Renee Troyer Recording Secretary

CELT Meeting Summary July 18, 2014 234 Meiling Hall 10:00-11:00am

Attending: Dawn Allain, Barbara Berry, Pam Bradigan, Victoria Cannon, Dan Clinchot, John Davis, Jessica Gelin, Deb Larsen, Bryan Martin, Eileen Mehl, Georgia Paletta, Sheryl Pfeil, Doug Post, Alicia Stokes, Judith Westman

Guests: Doug Danforth, Wendy Pramik, Doug VonderBrink

Absent: Jessica Backer, Terry Bahn, Valerie Blackwell-Truitt, Ginny Bumgardner, Coranita Burt, Quinn Capers, Christine Donovan, Carla Granger, Sorabh Khandelwal, Lawrence Kirschner, Amy Lahmers, Cynthia Ledford, Joanne Lynn, John Mahan, Lori Martensen, Leon McDougle, Bill Orosz, Jeff Parvin, Sabrina Ragan, Julie Scott, Linda Stone

Dr. Clinchot opened the meeting at 10:00am and previous meeting minutes were reviewed and approved.

- 1. Doug Post PCMH (patient care medical home) and IPE
 - PCMH curriculum HG 198 recently passed with provision to create committee to look at curriculum
 - Presentation indicated 7 goals achieved by students to understand:
 - Importance of a personal clinician
 - Importance of patient centeredness
 - Importance of a team approach
 - Importance of office staff and integrated, coordinated care
 - Apply principles and practices of evidence-bases population management
 - Importance of access to care
 - Importance of information systems
 - Future site visit to review curriculum OSU students
 - Doug Danforth coordinating virtual patient education
 - Student EMR: student version of EPIC platform used by clinicians mirrors what happens in EPIC record
 - Overview of what is taught years Med 1-3
 - PCMH standards addressed electronic access, managing care vs self-care, plan and manage care, self-care via MyChart, referral and test tracking, continuous quality improvement
 - PCMH Med 3 received grant in family medicine that currently funds program
 - create modules that students complete on their own
 - covers top 20 diagnoses in family medicine

- weekly small group with a different theme each week (total 14 themes)
- format: virtual patient or video
- Med 4 modules will continue to be used to educate continuity of care

Dr Dan Danforth demonstrated virtual patient experience:

- Creating virtual patients and virtual clinic
 - high fidelity avatars
 - students engage in natural conversation to obtain a relevant history
 - students practice taking H&P, differential diagnosis, treatment plan
- eLearning modules: videos and structured activities in demonstration of virtual module
- varies by module which principles are covered in patient care
- upkeep: continual maintenance /dialog management

Post: overview interdisciplinary approach to quality improvement led by Drs. Dan Clinchot, Katherine Kelly and Linda Daley

- students examined interprofessional approach to quality and safety in the healthcare environment, discussed concepts related to health quality and safety and then worked together to apply concepts to quality/safety project
- program Aug 26, 2014: 1st year students from nursing, optometry, medicine, pharmacy, social work, nutrition, public health, vet med
- 30 small groups with 20 students, 2 faculty/group

Future of IPE - 4 yr approach

- Ongoing small group teaching with day one students
- Patient-centered medical homes
- Community health education
- 2. Dr Pfeil announcement: GHHS call for chapter awards of 113 chapters OSU won first place / Lynn, Krieger, Stone, Mehl acknowledged in Atlanta this fall receive 3k
 - Gold Foundation resident GME chapter to expand from student to resident -OSU selected 1 of 5 in country
- 3. Wendy Pramik (OSUWMC)/Doug VonderBrink (webmaster COM website):
 - Admission website demo: release in April / easier navigation
 - Previous experience geared toward MD students, not other degrees offered updated to simplify process, degree information MD/MBA
 - Information gathered from brochures, pamphlets, hand-outs
 - Clear look at dates/deadlines/preparing for admission process/suggested coursework before applying/selection process
 - Goal to update entire COM site

With nothing more for discussion, the meeting was adjourned.

Respectfully submitted, Renee Troyer Recording Secretary

CELT Meeting Summary November 21, 2014 234 Meiling Hall 10:00-11:00am

Attending: Dawn Allain, Terry Bahn, Coranita Burt, Quinn Capers, Dan Clinchot, Carla Granger, Deb Larsen, Cynthia Ledford, Joanne Lynn, Leon McDougle, Eileen Mehl, Georgia Paletta, Jeff Parvin, Sheryl Pfeil, Doug Post, Alicia Stokes

Guest: Lynnsay Sinclair

Absent: Barbara Berry, Valerie Blackwell-Truitt, Pam Bradigan, Ginny Bumgardner, Jessica Buskirk, Victoria Cannon, John Davis, Christine Donovan, Jessica Gelin, Sorabh Khandelwal, Lawrence Kirschner, John Mahan, Lori Martensen, Bryan Martin, Julie Scott

Dr. Clinchot opened the meeting at 10:00am.

- 1. Dr. Clinchot Canopy Medical Spanish
 - Canopy is a partner with the NIH as a provider of language translation and training services for health care. The 40 hour online course includes three levels: Beginner, Intermediate, and Advanced and can be used by first time learners. Certifications and CME are available for using Canopy.
 - Cost:
 - Individual: \$395
 - Site license: \$18,000 annually
 - The group discussed:
 - Charging students a fee to cover costs
 - The need to gauge the level of interest of students, residents, and fellows
 - Reviewing usage of translation services
 - Offering individually to students initially with eventual purchase of institutional site license if there is enough interest
 - Sending a survey to students including:
 - A link to program information
 - How much time is needed to complete the course
 - Asking the student if they would take course based on a specified cost
 - Possibility of building the course into the curriculum
- 2. Dr. Quinn Capers Admissions Cycle 2013-2014
 - Dr. Capers reviewed the Vision Statement of the Admissions Committee.
 - Applications to OSUCOM rose steadily from the 2008-2009 through the 2012-2013 cycle. 2013-2014 admissions declined slightly, but have come back up.

- Trends in women and underrepresented minority applicants were presented from 2009-2014. Overall, women applicants increased nearly 36% and underrepresented minority applicants increased 111%.
- AAMC Diversity in Medical Education for 2011were presented. Only 5 US medical schools had more African Americans in their entering class than OSU, and 3 of those are historically black medical schools.
- Characteristics of the entering class of 2014 were reviewed. It was noted that this is the first time in OSU COM's 100 year history that there are more women (51%) than men. Overall minority is 48%.
- OSU, who is not ranked in the *U.S. News and World Report's* top 20 colleges, was the most represented in the 2014 Med 1 class including 7 other ranked colleges.
- OSUCOM's application process was reviewed. AAMC's "Holistic Review" was described as a way of assessing an applicant's capabilities by considering and ranking three components: experiences, attributes, and academic metrics with each component weighted 33.3%. The importance of using the Holistic Review was confirmed after reviewing data from the last 5 years. Dr. Capers stated the approach puts the MCAT in proper perspective. OSU COM is one of only 7 U.S. schools with an average MCAT of 34.
- Dr. Capers presented acceptance for in-state versus out-of-state matriculants. He noted that 1500 Ohioans apply to medical school yearly. Over the last 5 years, more than twothirds of students who matriculated at Ohio State had multiple acceptances to medical schools. Joint acceptance data was reviewed for Ohio medical schools and for Georgetown, Northwestern and Pittsburgh.
- OSUCOM's innovations in medical school admissions process were reviewed.

The next CELT meeting is scheduled for December 5, 2014 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder November 21, 2014

CELT Meeting Summary December 5, 2014 234 Meiling Hall 10:00-11:00am

Attending: Terry Bahn, Barbara Berry, Pam Bradigan, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Sorabh Khandelwal, Cynthia Ledford, Joanne Lynn, Lori Martensen, Bryan Martin, Leon McDougle, Eileen Mehl, Georgia Paletta, Sheryl Pfeil, Doug Post, Alicia Stokes

Guest: Lora Eberhard

Absent: Dawn Allain, Valerie Blackwell-Truitt, Ginny Bumgardner, Coranita Burt, Jessica Buskirk, Quinn Capers, Christine Donovan, Jessica Gelin, Lawrence Kirschner, Deb Larsen, John Mahan, Jeff Parvin, Julie Scott

Dr. Clinchot opened the meeting at 10:00am. Previous meeting minutes were reviewed and approved.

Student Organizations/Personal and Academic Counseling

- 1. Ms. Lora Eberhard reviewed counseling and advising services offered through the Office of Student Life.
 - Academic Counseling headed by Mary Nienaber, JD
 - Offers individual appointments on a one-time, weekly, monthly, or as-needed basis.
 - Encourages students to come in to ease their fear of using counseling services. Pathways to counseling include self-referral, suggestion by faculty, portfolio coach, block leader or dean, referral from Student Review or ABRC, or in conjunction with personal counselor.
 - Assists with common issues such as time management, study skills, test-taking skills, and academic concerns.
 - Offers referral to and coordination of academic resources including tutors, study groups, PEER, and Dennis Learning Center.
 - Offers preparation for Board Exams.
 - Personal Counseling headed by Lora Eberhard, MS, PCC, LCCIII
 - Pathways include: self-referral, recommendation by faculty, portfolio coach, block leader and/or dean, referral from Student Review or ABRC, or in conjunction with academic counselor or other staff member, stress/depression screening.
 - Common student concerns are feeling stressed/anxious, falling behind in academics
 due to personal issues, feeling isolated or sad, relationship issues, grief counseling,
 substance abuse issues, adjustment to medical school, and professionalism issues.
 - The top 5 issues for the stress/depression screening are: feeling nervous and /or worrying a lot, feeling tired or having little energy, becoming easily annoyed or irritable, having trouble falling or staying asleep or sleeping too much, feeling life is too stressful.

- Ms. Eberhard's mission for students is psychological and physical wellness, marathon mindset (start early, make new habits, break things up in order to better manage them), and ask for help early.
- Referral information was reviewed including Dr. Darryl Brush, Medical Director Outpatient and Partial Hospital Services, OSU Harding Hospital, Dr. Rempala, CBT/ADD/ADHD group, and the Counseling and Consultation Center. It was noted that Dr. Brush has seen 50-60 medical students over the last 3 years and that 3 to 4 emergency room visits per year have been avoided since Dr. Brush became a referral source.
- 2. Ms. Eileen Mehl presented on student engagement in medical student organizations and College of Medicine events.
 - Ms. Mehl stated that participation is co-curricular, not extracurricular, and participation in organizations and events provides practice in a safe place. Skills students gain by participating include:
 - Agency/Self-efficacy
 - Communication skills
 - Accountability
 - Professional identity formation
 - Teamwork
 - Resilience/Avoidance of burnout
 - Transitions
 - Praxis (Action with reflection)
 - Ms Mehl stated that the objective of medical student organizations is to empower students to be active participants in their education, and to provide an opportunity for students to continue specialized interests.
 - Specialty interest groups were described as being focused on a medical specialty, having
 a cascading mentorship, providing information about specialties, organizing shadowing
 opportunities for exploration of specialty choice, and an important source for career
 choice.
 - Individual specialty interest groups, OSUCOM organizations that have flourished, affiliations with national organizations, medical honor societies, the Humanism in Medicine Student Group, and organizations affiliated with the College of Medicine were reviewed.
 - It is estimated that 25-50% of students are active, however it is difficult to quantify because most organizations are autonomous without COM involvement in their administration.

The next CELT meeting is scheduled for December 19, 2014 10:00-11:00 a.m. in 234 Meiling Hall and will include a review of the Education scorecard and The Center for Faculty Advancement, Mentoring and Engagement (FAME).

CELT Meeting Summary December 19, 2014 234 Meiling Hall 10:00-11:00am

Attending: Terry Bahn, Barbara Berry, Pam Bradigan, Coranita Burt, Jessica Buskirk, Victoria Cannon, Dan Clinchot, John Davis, Carla Granger, Sorabh Khandelwal, Lawrence Kirschner, Deb Larsen, Cynthia Ledford, Joanne Lynn, Bryan Martin, Leon McDougle, Georgia Paletta, Doug Post

Guest: Heather Brod

Absent: Dawn Allain, Valerie Blackwell-Truitt, Ginny Bumgardner, Quinn Capers, Christine Donovan, Jessica Gelin, John Mahan, Lori Martensen, Eileen Mehl, Jeff Parvin, Sheryl Pfeil, Julie Scott, Alicia Stokes

Dr. Clinchot opened the meeting at 10:00am. Previous meeting minutes were reviewed and approved.

Dr. Clinchot updated the group on survey responses sent regarding offering Canopy Medical Spanish to medical students. In general, students are interested in taking the course with 170 responding they would pay up to \$50, and 75 responding they would pay up to \$75. The next step will be to advise Canopy of our interest to offer the course for one year if they will allow both students and faculty to participate. The cost will be shared and the one-year time frame will allow us to avoid having to pay the \$18,000 site license.

1. The Center for Faculty Advancement, Mentoring and Engagement (FAME)

Ms. Heather Brod gave an overview of FAME including current challenges facing faculty. She stated that motivation for FAME came in part from past survey results indicating faculty were dissatisfied and disengaged. In 2010, Drs. Lucey and Bornstein were charged with finding a comprehensive solution that would provide skill-building workshops and training in competencies that enable faculty to adapt and succeed in the changing academic environment.

- Goals for the Center for FAME are to:
 - Advance the careers and success of all the faculty
 - Mentor effectively and advocate for all faculty
 - Engage faculty to achieve goals in alignment with University and Medical Center goals
- The virtual cycle of FAME was reviewed as it relates to individuals and the institution.
- FAME audiences include researcher, clinician, educator and leadership. The emphasis areas across all audiences are mentoring, training programs, women's advancement, outreach and consultation, and recognition.

- Results were reviewed and since 2011 there have been over 50 programs achieving over 1500 faculty contacts in all 27 College of Medicine departments (excluding the mentoring program and the Faculty Leadership Institute) with an average program rating of 8.1 on a scale of 10. A mentoring program was launched in July 2014 and includes approximately 400 junior faculty members. A report of mentoring relationships will be sent at the end of January. The Faculty Leadership Institute acceptance rate by category was reviewed.
- Future objectives were reviewed and include:
 - Measure the impact to demonstrate return on investment
 - Leverage technology for easier connection (not location-bound or time-bound)
 - Continue to strategically identify and address needs
 - Develop more programming for mid- and senior career
 - Build relationships and sense of community within increasingly specialized workforce that will foster legacy and OSU traditions

The group discussed the challenge of faculty engagement. Ms. Brod stated that the mentoring program is key to engaging faculty while also giving people autonomy to choose their career path. The group also discussed how the course is used when it's finished, and the necessity of referral by their department chair.

2. 2014 Education Mission Performance Scorecard

Ms. Jessica Buskirk reviewed the 2014 financial performance for the following key results areas:

- Average Financial Aid per Student
- Average Student Indebtedness
- Total College of Medicine (COM) Scholarship Outright Gifts and Pledges
- Total COM Scholarship Planned Gifts Commitments
- Total COM Scholarship Endowment Income

It was noted that Development sets the targets for the last three key results areas based on Development goals.

The following key results areas for Innovation and Strategic Growth were reviewed including:

- Percent of Under-Represented Minority Students for students entering Fall 2014
- Number of Publications in Education
- COM Education Training Grants
- Publications from COM Training Grants
- MedNet21 Subscriptions

It was noted that no targets were set for COM Education Training Grants and Publications from COM Training Grants since they were late additions to the scorecard and Medical Center Leadership Council ultimately decides scorecard targets.

Ms. Buskirk noted that the goal is be in line with other top 20 medical schools and more in line with other Ohio medical schools. She suggested Sabrina Ragan speak to the group about how Development sets targets.

ACTION ITEMS

- 1. Jessica Buskirk will return to a future meeting to finish reviewing the scorecard.
- 2. The group was asked to review the scorecard metrics and forward any questions to Jessica Buskirk or Dan Clinchot so they can be answered at the next meeting.
- 3. Victoria Cannon will forward the list of publications to the group for their review.

The next CELT meeting is scheduled for January 16, 2015 10:00-11:00 a.m. in 234 Meiling Hall.

Sidonia LaFramboise, Recorder December 19, 2014